

WELL DECOMMISSIONING OR PLUGGING- CONSTRUCTION CHECK SHEET

Cooperator: _____ Location: _____

Conservation District: _____ Field Office: _____

Identification No.: _____ Field No.: _____

Well to be decommissioned [] or plugged []

Well Data

Well No.: _____

Location: Latitude: _____ Longitude: _____ ; TS: _____ R: _____ S: _____

Date of well decommissioning or plugging: _____

Inside diameter of well bore or casing: _____ inches

Total depth of well: _____ feet; Static water level: _____ feet from ground surface

Type (e.g. steel, PVC, schedule, etc.) and condition of well casing: _____

Materials Used for Decommissioning or Plugging		
Type	Quantities	Depth intervals for emplacement, ft.

Comments: _____

This practice has been installed in accordance with NRCS standards and specifications.^{1/}

(Contractor Signature) Date: _____ Florida License No.: _____

^{1/} Note: Contractor may complete and sign this form for certification of this practice or submit the required information and signature on an equivalent form or letter for certification.

Condition of vegetation on disturbed areas: _____

This practice meets NRCS standards and specifications. _____ Date: _____
(Signature)